

MA Department of Public Utilities Transportation Oversight Division One South Station Boston, MA 02110

UNIFIED CARRIER REGISTRATION -Year 2008 To register online go to www.ucr.in.gov

| SECTION 1. GENERAL INFORMATION | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------|------------------|-----------------------------------------------------------|-----------------|------------------|---------------------|
| USDOT Number | MC or MX Number | FF Number | Telephone Number | | Fax Nu | | er |
| Legal Name | | E-Mail Address | | | | | |
| Doing Business Under the Following Name (DBA) | | | | | | | |
| Principal Place of Business Street Address (See Instructions) | | | | | | | |
| Principal Business City Principal Business State Zip Code | | | | | | | |
| | | Timepai Banitos State | | | | | |
| Mailing Street Address | | | | | | | |
| Mailing City | | Mailing State | | | | Mailing Zip Code | |
| SECTION 2. CLASSIFICATION – Check All That Apply | | | | | | | |
| ☐ Motor Carrier | Motor Private Ca | arrier (See Instructions) | Brok | er 🗌 Lea | asing Company [| Fre | ight Forwarder |
| SECTION 3. FEES DUE-BROKERS, FREIGHT FORWARDERS AND LEASING COMPANIES ONLY | | | | | | | |
| Note: If your company is also a motor carrier or motor private carrier, skip this section and go to section 4. | | | | | | | |
| Brokers, freight forwarders and leasing companies (not a motor carrier combination), please submit the amount due of | | | | | | | |
| \$ 39.00 in the form of a Check, Cash or Money Order payable to MA Dept. of Public Utilities and go to Section 7. | | | | | | | |
| SECTION 4. NO. OF MOTOR VEHICLES- MOTOR CARRIER & MOTOR PRIVATE CARRIER | | | | | | | |
| Check only one box: The number of vehicles shown below have been taken from section 26 of your last reported MCS-150 form. | | | | | | | |
| The number of vehicles shown below have been taken from section 20 of your last reported Mc3-130 form. The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30, 2007. | | | | | | | |
| NUMBER OF STRAI | | | | NUMBER OF MOTOR COACHES, SCHOOL BUSES, MINI-BUSES, VAN | | ES, | |
| AND TRACTORS (COLUMN A) | | NUMBER OF TRAILERS (COLUMN B) | | AND LIMOUSINES | | ANS | TOTAL (COLUMN D) |
| (COLUMN A) | | | | (COLUMN C) | | | |
| 1 (Ontional) Under this magazine you may delete any rehisles in Calumin A and Pale and the constitution of the | | | | | | | |
| 1. (Optional) Under this program you may <u>delete</u> any vehicles in Column A or B above that you have reported on your MCS 150 form that are used <u>only</u> in intrastate commerce. (See instructions.) | | | | | | | |
| 2. (Optional) You may <u>add</u> vehicles that (a) <u>have not been shown</u> on the MCS 150 form that are defined as commercial | | | | | | | |
| motor vehicles operating solely in intrastate commerce; and/or (b) other self-propelled motor vehicles operating in | | | | | | | |
| intrastate or interstate commerce that: | | | | | | | |
| Have a gross vehicle weight rating or gross vehicle weight of 10,000 lbs or less, or a passenger capacity of 10 or less, including the driver; Are used on the highways in commerce; and | | | | | | | |
| Are used on the nighways in commerce; and Transport passengers or property for compensation. (See instructions for definition of commercial motor vehicle) | | | | | | | |
| 3. Total Number of Vehicles (TOTAL (COLUMN D) minus LINE 1 plus LINE 2) | | | | | | | |
| SECTION 5. FEE TABLE | | | | | | | |
| Number of Vehicles | Amount Due | Number of Vehicles | Amoun | t Due | Number of Veh | icles | Amount Due |
| 0-2 | \$39.00 | 6-20 | \$231. | .00 | 101-1000 | | \$3,840.00 |
| 3-5 | \$116.00 | 21-100 | \$806. | .00 | 1001 or mor | e | \$37,500.00 |
| SECTION 6. FEES DUE – MOTOR CARRIER & MOTOR PRIVATE CARRIER | | | | | | | |
| Using the number of vehicles in Section 4, Line 3 above, enter the Amount Due from the table above. | | | | | | | \$ |
| Note: Payment can be made in the form of a Check, Cash or Money Order. MAKE CHECKS PAYABLE TO: MA Dept. of Public Utilities SECTION 7. CERTIFICATION | | | | | | | |
| I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file | | | | | | | |
| this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.) Name of Owner or Authorized Representative (Printed) | | | | | | | Date |
| | | | | | | | |
| Signature | | | | Title | | | |
| | | | | | | | |